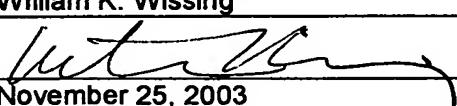


UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	ETH-5112
		First Inventor	Dwayne Lee Looney, et al.
		Title	HEMOSTATIC WOUND DRESSING CONTAINING PROTEINAOUS POLYMERS
		Express Mail Label No.	ER-325672972US
		U.S. PTO 10/72 17302 112503	
APPLICATION ELEMENTS <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status.		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 32] <small>(Preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 8]		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies 	
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>			
11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)			
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations			
13. <input type="checkbox"/> Preliminary Amendment			
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>			
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>			
16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
17. <input type="checkbox"/> Other			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed			
Prior application information: Examiner Group Art Unit:			
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below			
Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA			
20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to William K. Wissing at: Telephone: (732) 524-6201 Fax: (732) 524-2808			
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	William K. Wissing		Reg. No. 34757
SIGNATURE			
DATE	November 25, 2003		

FEE TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	
		Filing Date	November 25, 2003
		First Named Inventor	Looney et al.
		Group Art Unit	
		Examiner Name	
		Attorney Docket Number	ETH-5112

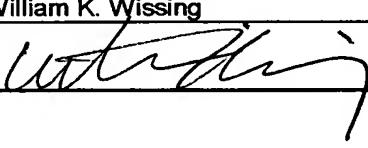
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	10 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input checked="" type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 750.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/ETH-5112/WKW in the amount of \$750.00.
Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ETH-5112/WKW. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>	
Typed or Printed Name	William K. Wissing	Reg. No.	34,757
Signature		Date:	11/25/2003
			Deposit Account No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dwayne Lee Looney and Guanghui Zhang

For : HEMOSTATIC WOUND DRESSING CONTAINING PROTEINAOUS POLYMERS

Express Mail Certificate

"Express Mail" mailing number: ER-32562972US

Date of Deposit: November 25, 2003

I hereby certify that this complete application, including specification pages, claims, informal drawings, Declaration and Power of Attorney, and return postcard, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Ceceile Solomon

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)